

MetLife Disability

MetLife®

Ronald S. Leopold, MD, MPH
Medical Director
MetLife Disability
211 Perimeter Center Parkway
Suite 1080
Atlanta, GA 30346

Amy Hopkins, MD
250 Schoolside Lane
Gulliford, CT 06437

July 14, 2000

Dear Dr. Amy Hopkins,

Thank you for meeting and talking with me recently. I was glad to make your acquaintance and to learn about your background and interests.

Like you, we believe that work can be therapeutic and that illness behavior and dependency are damaging. What we do at MetLife Disability has obvious economic implications, but we have no doubt that our efforts to "put abilities to work" also benefit people.

Having reviewed your credentials, and in view of your expertise in Occupational Medicine, and your commitment to enabling people to be able, we feel you could make a significant contribution working with us. Thus we are pleased to offer you part-time work as a physician consultant in our Glastonbury office starting September 7, 1999. The responsibilities of the assignment are spelled out on the attached page.

Compensation will be at the rate of \$150 per hour, payable monthly. You are to submit an invoice on your own letterhead at the end of each month worked.

You will also be compensated at that same rate for specifically scheduled orientation and training to prepare you for your task, and for participation in periodic in-service training or program development. If on occasion you must contact claimants' attending physicians from elsewhere, you are to report details in writing, so that consideration can be given to payment for the time, as well as for any documented telephone charges.

Your relationship with MetLife Disability will be that of an independent contractor working a mutually agreed number of hours per week. Either party can cancel the relationship, by giving written notice thirty (30) days before its termination. You are required to maintain your own professional liability insurance.

Since the volume of cases for review varies, occasionally we may not need your services on an appointed day. In that case, we will notify you within approximately 24 hours. If we fail to do so, or

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if on your arrival the workload is insufficient for the time available, you may bill us for a minimum of two hours anyway. (Three hours if you work three, etc., up to the previously agreed number of hours.)

In the course of your work with us, you may become familiar with MetLife proprietary and confidential information. By your acceptance of this offer you expressly agree that you will not divulge such without written permission from MetLife. You also agree that all records, files and memoranda made or kept by you in connection with the services you render shall be MetLife property and will be returned on termination of this agreement.

We hope that you will look favorably upon joining our team. I would enjoy working and learning along with you. If this offer is acceptable to you, please sign and date, and return the copy to the undersigned Medical Director, at the above address. If you should have any questions, comments or suggestions please give me a call.

Sincerely,

Ron S. Leopold, MD
Medical Director
MetLife Disability

Enclosures

cc: Nanoy Bruemmer
Terry Krieke
Patricia Clark

Dr. Leopold

Thank you for your offer.

X I am pleased to accept on the terms stated.

I am unable to accept at this time.

Dr. Amy Hopkins

Revised 7/28/99

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MetLife Disability

PHYSICIAN CONSULTANT & METLIFE DISABILITY TERMS OF AGREEMENT

I, the undersigned, understand and agree that:

- my role as an on-site physician consultant is essentially as is spelled out in the attached Task Description
- my relationship with Met is that of an independent contractor and can be canceled by either party via written notice 90 days prior
- my compensation, i.e., the previously agreed hourly rate, is unaffected by this document
- my work at Met may at times expose me to proprietary or confidential information, which I am not to divulge without written permission
- my services may occasionally not be needed for the time scheduled, due to fluctuations in the volume of cases referred. If my services are not needed on a particular day, I am entitled to approximately 24 hours prior notice.

If Met fails to give due notice, or if on my arrival on the appointed day the workload is insufficient to keep me productively occupied, I am to bill Met for a minimum of two hours (three if I work 3, etc. up to the number previously scheduled).

Also, I acknowledge that any hours beyond the scheduled number must have been authorized by the appropriate Medical Director and/or Operations Director.

- my professional credentials are to be updated annually according to Met's Policy on Credentialing of Physician Consultants, per the attached checklist.*

Signed:

Henry Hopkins M.D. 7/18/00 DATE
Signature

Henry Hopkins M.D.
Name typed or printed
[Signature] Claim Sr. Manager 8/18/00 DATE
Signature

LEIPOLD Claim Sr. Manager
Name typed or printed

Countersigned for Met:

____ M.D.
Signature

(Please sign both copies and retain one for your records. Thank you.)

*The policy calls for annual submission or supplementation (ordinarily in January) of the items listed.

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MetLife Disability Physician Consultant Credentials Checklist

Each item attached is to be checked. Any item not applicable is to be marked N/A.

(on file) A copy of a current state medical license

(on file) A copy of board certification(s)
(initially only unless subject to re-certification)

None A copy of evidence confirming current professional liability coverage
Not practice & is irrelevant to this work

(on file) A copy of any letters of current academic appointment

(on file) A list of any peer-reviewed publications
(only those not previously submitted)

(on file) A list of memberships in relevant professional organizations

 A sample of a disability evaluation, file review or IME report
(initially only)

The foregoing is accurate and complete to the best of my knowledge.

Signed:

Date:

Angie Hopkins, M.D. 7/28/00

To be forwarded to the appropriate Medical Director with the attachments noted.